# Addressing the Opioid Crisis with Prevention and Early Detection

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WellScreen

# The Opioid Crisis Impact by Population Type

*The opioid crisis is a complex problem impacting multiple populations.*

## Children

**Children are often the innocent victims**

- 92,100 children were in the foster care system in fiscal year 2016 whose removal from the home was associated with circumstances involving parents' drug abuse.[1]
- Substance abuse as a contributing factor to child abuse/neglect is 36% nationally.
- Infants under 1 year old are the largest population placed in out of home care, and 50% have a parent with a substance use disorder.

## Adults in primary care

**People with chronic pain are at high risk of opioid misuse and overdose.**

- The probability of long-term opioid use increases most sharply in the first days of therapy, particularly after 5 days or 1 month of opioids being prescribed, and levels off after approximately 12 weeks of therapy.[3]
- 1 in 7 persons who received an opioid refill or had a second opioid prescription authorized was on opioids 1 year later.[3]
- Discussions with patients about the long-term use of opioids to manage pain should occur early in the prescribing process (i.e., the first refill).[3]

## College students & young adults

**Students and young adults face peer pressure and the desire to experiment.**

- 34% of college students say pills are "easy" to acquire. The easiest source: parent's or friend's medicine cabinets.[2]
- 11% have taken a pill without knowing what it was.[2]
- 22.5% of intercollegiate athletes say they've used pain pills not prescribed to them.[2]
- 86.6% know certain pain medications are addictive, but almost 60% said they thought prescription pain medicine was less risky than heroin.[2] 30.8% say they know of someone who has overdosed on prescribed pain medication or heroin.[2]
- 37.2% said they would have no idea of where to go for help if they, or someone they know, experienced an overdose.[2]

## Adults in prisons or jails

**Drug use is concentrated in the corrections population.**

- At least 25% of the nearly 2.3 million Americans currently incarcerated are addicted to opioids.[4,5]
- Between 25% – 33% of the nation's heroin users pass through correctional facilities each year.[4]
- Former inmates' risk of a fatal drug overdose is 129 times as high as it is for the general population during the two weeks after release.[6]
- Ratios of overdose deaths ranged from eight- to 129-fold within two weeks of release.[7]
- Two factors that greatly increase the risk of fatal overdose:
  - Their tolerance to opioids has likely dissipated over their time behind bars, and
  - The heroin supply is currently dramatically more dangerous because it is tainted with fentanyl, which is 50 times more potent than heroin.

Sources: 1. U.S. Department of Health and Human Services' Adoption and Foster Care Analysis and Reporting System, Oct. 20, 2017. 2. 2015 survey by the Hazelden Betty Ford Institute for Recovery Advocacy and The Christie Foundation 3. Center for Disease Control. 4. slate.com 5. Prison Policy Initiative 6. 2007 study published in The New England Journal of Medicine. 7. 2014 report from the World Health Organization

# I. The State of the Opioid Crisis

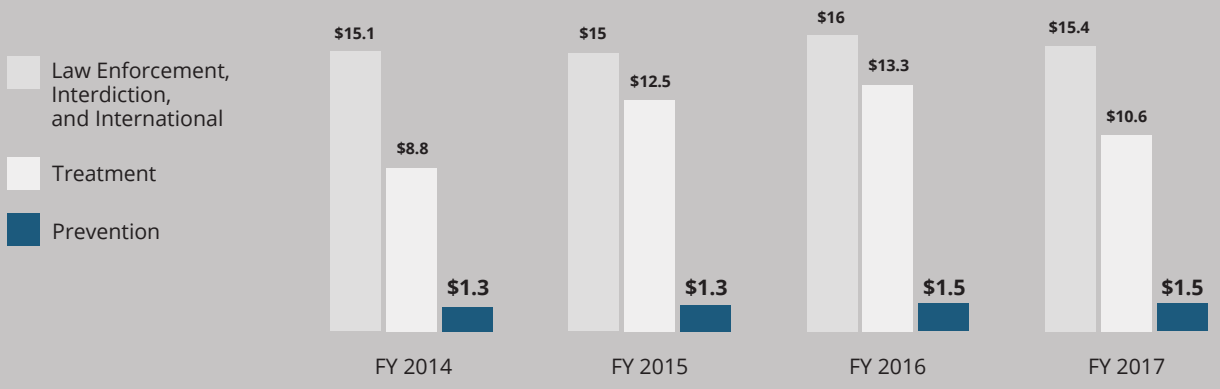
## Children and adults. Male and female. Rich and poor. Cities and rural areas. The opioid crisis can affect anyone in our country, and each day it claims approximately 115 lives.

Accidental poisonings are now the leading cause of death (surpassing motor vehicle accidents) in adults aged 25 to 64. And opioid overdoses account for more than 6,000 emergency room visits per day. Economically, the opioid crisis costs the U.S nearly $80 billion per year.

In addition to declaring the opioid epidemic a National Public Health Emergency in October of 2017, the federal government included a total of $485 million in the 2017 and 2018 appropriations bills to fight the crisis through the State Opioid Response grant program. In the first round of state-targeted funding (released in May 2017), the federal government put a 20% cap on prevention activities. Most states used a significant portion of these prevention funds to purchase and distribute Naloxone (sold under the brand name Narcan among others), a medication that quickly reverses the effects of an overdose from opioids such as heroin, methadone, fentanyl, and morphine. Why? Because the primary objective was to save lives in immediate danger.

With 80% of those dollars going to treatment and an initial focus on immediate overdose reversal, the national and state-level responses have lacked prevention and early intervention strategies. Yet, to adequately address this epidemic, we must identify the risky use of prescription opioids and capitalize on opportunities to intervene. In the second round of opioid crisis funding released in April 2018, the 20% cap was lifted creating the opportunity for states to focus more resources on primary prevention and early intervention.

Figure 1: Distribution of Federal Funding by Function (in Billions)




*Source: Office of National Drug Control Policy*

Imagine what will happen if we continue to underfund prevention efforts:

- The number of emergency room visits will continue to climb;
- death by overdose will continue to increase;
- the human toll on individuals, children, families, and communities will continue to escalate; and
- the cost to the US economy could be over $400 billion over the next five years.

We know this crisis is too big to treat our way out of it. Now is the time to shift our focus.

# II. Going Beyond Treating Overdoses—The Case for SBIRT

To maximize the effectiveness of prevention and early detection, we must turn to Screening, Brief Intervention and Referral to Treatment (SBIRT). SBIRT has been around since the 1980's and is used in various settings, including primary care practices, hospitals, college health clinics, the justice system and community-based programs. By following the SBIRT protocol, we can screen, identify, and appropriately intervene with individuals at risk for substance use dependence.

SBIRT targets individuals with non-dependent substance use and provides effective strategies for intervention before the need for more specialized treatment. Screening involves the use of evidence-based tools to identify individuals at-risk of alcohol or drug dependence. Screening results signal the need for appropriate, timely follow-up (positive reinforcement, brief intervention, brief therapy, or referral to treatment) by the practitioner.

Figure 2: How SBIRT Works

There is robust evidence supporting the effectiveness of SBIRT. Results of SAMHSA's SBIRT program in six states show reductions of 39% in heavy alcohol use, 68% in drug use and improved levels of general and mental health at 6-month follow up. A multi-national study sponsored by the World Health Organization (2008) found that screening and brief interventions resulted in short-term reductions in the use of numerous illicit drugs, including marijuana, cocaine, amphetamine-type stimulants, and opioids.

Research, while still emerging, suggests that SBIRT is effective with opioid users. A study of Washington State's SBIRT (WASBIRT) program found that among high-risk users of prescription opioids, at a six-month follow-up, there was a 41% reduction in the days of drug use for individuals who received only a brief intervention, and a 54% reduction for the individuals who received a brief intervention, followed by brief therapy or chemical dependency treatment. SBIRT has also been shown to be among the most cost-effective prevention, and early intervention approaches available, producing between $5.60 and $20.41 in a total benefit for every $1 invested.

Figure 3: Reduction in Days of Drug Use as a Result of SBIRT


*Source: WASBIRT, Washington State Department of Social and Health Services Research & Data Analysis Division*

## Who supports SBIRT?

SBIRT is currently practiced in numerous healthcare settings across the country. The U.S. Preventative Services Task Force (USPSTF) has recommended SBIRT as an effective intervention among adult primary care patients to reduce problem drinking and the American Academy of Pediatrics' Bright Futures Guidelines for preventive care screenings and well-visits recommends regular screening for tobacco, alcohol, and drug use among adolescents. Several federal agencies including the Office of National

Drug Control Policy (ONDCP), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) support the use of SBIRT.

Support for expanding SBIRT is growing. In March 2016, the Massachusetts Legislature enacted the STEP Act which outlines the requirements for public schools in the Commonwealth to engage in substance use screening and education. We predict other states will follow suit.

SBIRT screenings and interventions are reimbursable through insurance providers. The American Medical Association (AMA) has approved several billing codes to allow reimbursement to practitioners for providing screening and brief intervention services. Some states also allow Medicaid reimbursement.

Coding for SBIRT Reimbursement is a factsheet containing information related to coding for SBIRT activities.

## BOOK, a knowledge-based screener

SBIRT will allow practitioners to identify risky substance use. Prior to risky use, we can identify a lack of knowledge. Researchers at Johns Hopkins University, with funding from the National Institute on Drug Abuse developed the Brief Opioid Overdose Knowledge (BOOK) questionnaire. Designed as a knowledge-based screener, BOOK assesses patient knowledge gaps and allows users to tailor a brief conversation with their patients to help reduce individual risk behaviors for experiencing an opioid-related overdose. BOOK is the first opioid overdose risk measure developed for both illicit and licit opioid users.

The BOOK assesses three areas:

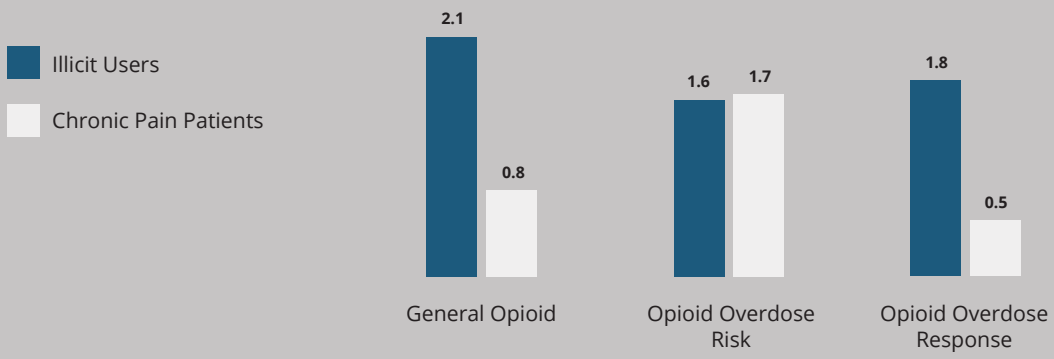
- General opioid knowledge,
- Opioid overdose risk knowledge, and
- Opioid overdose response knowledge.

Twelve true/false questions comprise the screening questionnaire. Based on the results of the questionnaire, practitioners may recommend an evidence-based educational module to increase knowledge of opioids, opioid overdose risks, and appropriate opioid overdose response. Given the generality of its measures, BOOK can be used with various patient populations and across settings (e.g., primary care offices, schools, chronic pain providers, dentist offices, emergency rooms, jails/prisons, detoxification units, residential treatment programs).

A study across illicit opioid users and those who were prescribed opioids for chronic pain revealed significant differences in their total BOOK scores. Illicit users had significantly more general knowledge of opioids and of opioid overdose, which suggests that licit users are in greater danger of opioid overdose (see Figure 4). These findings illuminate an important intervention point for prescribing physicians and others who have the opportunity to educate patients on the risks of opioids.

Figure 4: Mean Correct Responses on BOOK Screening

*Illicit users had significantly more general knowledge of opioids and of opioid overdose.*




*Source: Dunn et al., 2016,* Journal of Addiction Medicine, *Vol. 10(5), pp 314-323*

# III. Implementing Prevention and Early Detection

## Identifying solutions and implementing solutions are two very different things. That's why we developed an easy-to-use online platform that combines SBIRT with the BOOK screener. It's an essential tool to address the opioid crisis.

Our team first recognized the potential of the SBIRT protocol when we designed an SBIRT tool for the United Way of Broward County and the Miami Coalition. Through this special project, we became convinced that screening and early intervention has the power to change lives. And that motivated us to further enhance our technology platform, now called WellScreen™ so that it could be used by a variety of users in various settings.

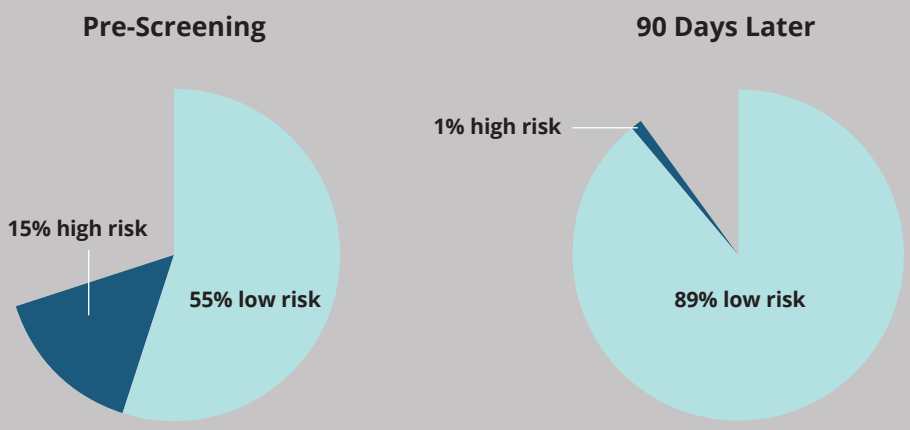
Today, our clients see success in numerous venues, such as healthcare, schools, community colleges, youth programs, and juvenile justice programs. One of our clients, Drug Free Duval, in Duval County, FL, faced a significant alcohol, prescription medication, and illicit drug abuse challenge. As part of their comprehensive approach to preventing substance abuse, they trained 122 practitioners from 22 unique agencies in the SBIRT protocol and the WellScreen platform. One of the participating community agencies achieved a dramatic change in their students' risk of substance abuse, increasing the percent of students screening as low risk for substance abuse from 55% to 89% after 90 days.

DRUG FREE DUVAL

*"Working with Keri-Lyn and the WellScreen team has been a gamechanger. WellScreen simplifies screening and referral to treatment for practitioners and allows us to run reports for policy and planning at the county-level."*

—Susan Pitman, Executive Director, Drug Free Duval

Figure 5: Change in Student's Risk for Substance Abuse




*Source: Drug Free Duval*

## Conclusion

We are facing one of the worst public health crises in history, and the current response is inadequate. A result of the perfect storm, where opioids are over-prescribed, people lack adequate knowledge about the opioids they take, heroin and deadly synthetic opioids are widely available, and prevention and early intervention strategies are underutilized, the opioid epidemic continues to plague our nation.

SBIRT can be used in multiple settings including primary care, emergency rooms, and schools and across many systems such as healthcare, child welfare, and justice. Research shows that SBIRT can decrease the incidence and severity of substance misuse. Furthermore, numerous studies demonstrate that any investments in SBIRT are more than adequately offset by money saved in the reduction of healthcare costs related to illness and injury.

There are over 100 opioid medications listed on the Food and Drug Administration's website, leaving many patients unaware that the drugs they are taking to treat pain may lead to addiction and overdose. With prevention, early detection, and appropriate intervention through evidence-based tools, like SBIRT and BOOK, we can begin to successfully address the opioid crisis.

# IV. About WellScreen™

WellScreen is a quick and easy-to-use technology platform designed for those on the frontlines of mental health and substance abuse. WellScreen can be used by social workers, teachers, administrators, healthcare providers, professionals within the justice system and community leaders. Our platform is fully tablet-enabled and available in both English and Spanish.

WellScreen can be configured with a variety of evidence-based health screeners including:

- Opioid knowledge (BOOK)
- Alcohol, tobacco, cannabis, amphetamines, cocaine, and opiates (ASSIST & CRAFFT)
- Depression and anxiety (PHQ9 and PHQA)

## Why **administrators** like WellScreen:

- Aggregates patient population data
- Provides instant reports to support grant reporting activities
- Easy to run reports to measure screening effectiveness
- Saves patient data and customized treatment plans electronically
- Integrates patient data into existing EHR systems.
- Available in English and Spanish
- U.S.-based customer support

## Why **practitioners** like WellScreen:

- User-friendly, tablet-enabled interface
- Easy to administer evidence-based screeners
- Builds confidence in conducting brief interventions
- Creates individualized treatment plans
- Includes a “Treatment Finder” to connect patients to local treatment providers
- Reminders for patient follow-up
- Only SBIRT-based tool to include the Brief Opioid Knowledge Screener (BOOK)

WellScreen

## Ready for a free demonstration?

Contact us to see how WellScreen works.
It will take less than 20 minutes to show you.

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